DOCUMENT RESUME

ED 384 834 CG 026 286

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TITLE Referral to a Counselor: Impact on Expectations and Counselor Effectiveness.
PUB DATE 29 Apr 95
NOTE 20p.; Paper presented at the Annual Meeting of the American Counseling Association (Denver, CO, April 27-30, 1995).
PUB TYPE Speeches/Conference Papers (150) -- Reports - Research/Technical (143)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Attitudes; *Counseling Effectiveness; *Counselor Client Relationship; *Counselor Performance; Counselors; *Expectation; Higher Education; *Referral
IDENTIFIERS *Counselor Effectiveness

ABSTRACT

The counseling skill of making effective referrals has always been one of importance. This paper describes two investigations designed to address the following questions: (1) Does research support the importance of an open and positive referral?; and (2) What would be the impact of a neutral or negative referral? Study 1 was initially designed as a doctoral dissertation study. Participants were 94 graduate students in counseling and social work. Having found that effective counseling behavior can eliminate the initial biases created by differential types of referral, the next logical question to study was whether an ineffective counseling performance would eliminate initial expectations. This was the purpose of the second study conducted with 32 counseling graduate students. The data collected from participants who viewed videotaped role play of positive, neutral and negative referrals indicate that the manner in which a counselor introduces a counseling referral is important. The nature of the referral will set up expectations of counseling that may immediately influence the client's decision to pursue the referral. The expectations created in the referral process may also have an impact on the counseling itself through the client's evaluation of the counselor's effectiveness, especially if the counselor's performance is not completely appropriate. It is suggested that counselor educators include attention to making appropriate positive referrals as part of the training curricula. (JE)

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Referral to a Counselor: Impact on Expectations and Counselor Effectiveness

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Paper Presented at the American Counseling Association Annual Meeting

Denver, Colorado

April 29, 1995 -- Session #548

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Abstract

Two investigations are described in this paper. Both assessed counseling and/or social work graduate students' reactions to (a) a videotaped referral session and (b) the videotaped performance of the counselor receiving the referral. Participants were randomly assigned to one of three types of referral session: positive, neutral, or negative. After completing an assessment of their expectations of the counseling, students viewed a 10-minute segment of a counseling session. In Study One, the videotaped segment included appropriate counselor behavior (e.g., close attending and empathy); in Study Two, the segment involved inappropriate counseling behavior (e.g., inattentiveness and lack of understanding). In both studies, the referral videotape influenced the observers' expectations for the upcoming counseling in the directions predicted: positive referral with higher expectations than neutral which was higher than negative. The advanced expectations had no impact on the counselor effectiveness ratings of observers of an appropriate counselor. For those observing an inappropriate counselor, however, such advanced expectations did influence evaluations of the counselor, particularly in lowering the ratings of trustworthiness and attractivenss of the counselor who's introduction occurred within the neutral referral.

Referral to a Counselor: Impact on Expectations and Counselor Effectiveness

The counseling skill of making effective referrals has always been one of importance. Unless we could assume that any counselor is professionally and personally prepared to see any type of client with any kind of concern, we must acknowledge that we will regularly refer certain clients to other mental health professionals, including psychiatrists, psychologists, social workers, and other counselors. At the present time, Employee Assistance Programs (EAP) are becoming an increasingly likely job placement for counseling graduates. In working with businesses and industries, it is often the role of the EAP to work with a client for no more than 6 to 8 sessions and to identify and complete an appropriate referral to ensure that the client receives the type of mental health support that he or she needs. In this context, the important area of referral has become even more crucial.

Cheston (1991) describes a step-by-step process to facilitate effective counseling referrals. Although a review of all of Cheston's ideas is beyond the scope of this paper, two of her suggestions are particularly relevant:

> Do not make judgements. Words such as better, worse, good, bad can create a judgmental climate. A client needs to hear his helper discuss his referral in a positive, consistent process in which the client receives logical reasons . . . (p. 102)

> The best alternative is to state briefly the counselor's [i.e., the person to receive

> the referral] positive attributes and to emphasize that the referring helper holds the counselor in highest esteem. (p. 104) [information in brackets has been added]

In combination, these two suggestions describe a referral process that might be described as both open and positive. The purpose in a referral presentation would be twofold: (a) to increase the client's expectations of successful counseling by the designated counselor and (b) to make it more likely that the client will pursue the referral by actually seeing the counselor at least one time.

Orlinsky and Howard (1986) have indicated that client expectations of mental health care are strongly associated with positive outcomes. Their research suggests that the expectations carried by the client prior to the first interview may be particularly important. Successful accomplishment of this first purpose appears to be directly tied to the second purpose of the referral interview: It would seem that if the referral was unsuccessful in creating at least minimally positive client expectations, there may be no first session. The greatest concern of the referring counselor is the possibility that the client will never show up for an appointment with the counselor receiving the referral. Raynes and Warren (1971) have reported that certain types of client concerns have been reported to be more likely to lead to "no-shows" after a referral. Their research indicated that clients who were referred for the concerns of grief and loss were least likely to show up for the first appointment after referral.

Despite the excellent suggestions about helpful referral offered by Cheston

(1991) and others (Aronow, 1987; Cooney, 1986), the research literature does not address many of the logical assumptions made within the referral recommendations. Specifically, would research support the importance of an open and positive referral? What would be the impact of a neutral or negative referral? Addressing these questions was the purpose of the two investigations reported in this article.

Study One

Study One was initially designed as a doctoral dissertation study (Siegel, 1993). Although the original study incorporated one additional variate, the number of referral suggestions, this factor was not found to have been significant, as a main effect or within interactions. Thus, for the present report, data have been collapsed to ignore the number of referrals variate.

Participants

The participants in this investigation were 94 volunteer graduate students in Counseling and Social Work at the University of Cincinnati and Indiana University. Thirty-six participants were Counseling students; 58 were Social Work students. Twenty percent of the sample were males. The average age was 32.9 years. Sixty nine percent of the group were White; 27.7% African-American, and 3.2% Asian.

Method

Participants observed a videotaped role play of one of three types of referral: (a) a positive referral (e.g., "I know someone who will work very well with you."), (b) a neutral referral (e.g., "This is the name of someone I don't know."), and (c) a negative

referral (e.g., "The agency's policy is to give you the next person on the list . . . I suppose that she has been helpful to other people in the past . . . please call me for another referral if she doesn't work out."). The client concern presented in each videotape was identical: a woman college student reported feelings of loss and depression after her boyfriend had decided to leave her. The counselor on each tape, although the same role player, presented each referral consistently with the description above.

After watching the videotape, observers were asked to complete a form addressing the observer's expectations of the counseling receiving the referral: this form included such areas as (a) the likelihood that the client would actually go to see the counselor who had been recommended, (b) the ease of approach to this counselor, and (c) the counselor's likely professionalism.

Following the ratings of the referral expectations, participants watched a 10 minute videotaped session of the same client with the counselor receiving the referral. In the first study, participants observed the client working with an attentive and empathic counselor. After the 10-minute portion of the counseling session, observers were asked to rate (to the extent possible, from the perspective of the client) the videotaped counselor for his effectiveness on the Counselor Rating Form - Short Version (Corrigan & Schmidt, 1983). This instrument yields three subscales: Expertness, Attractiveness, and Trustworthiness.

Results

Data analyses indicated that the manipulation of the participants' expectations of the counselor receiving the referral was successful: expectations for effective counseling were significantly different for each condition (See Tables 1 and 2). A "positive" referral led to the highest expectations, with "neutral" and "negative" referrals following in order. However, after observation of the short videotaped "counseling session," these referral expectations were wiped out. There were no significant differences in the observers' Counselor Rating Form ratings after seeing the demonstration of the counselor listening closely and using effective counseling skills. Thus, whether the referral had been positive, neutral, or negative, the counselor's actual behavior was powerful enough to establish a common perception of effectiveness.

Study Two

Having found that effective counseling behavior can eliminate the initial biases created by differential types of referral, the next logical question to study was if an ineffective counseling performance would equally serve to eliminate initial expectations. This was the purpose of the second study.

Participants

The participants in this investigation were 32 volunteer graduate students in Counseling at the University of Cincinnati. Five of the sample were males. The average age was 31.1 years. Thirty-one individuals in the group were White; one was African-American.

Method

The methods and materials employed in the second study were identical to the first up to the participants' opportunity to observe a segment of the counseling session with the counselor receiving the referral. Although the participants in the second study observed the same role player as in the first investigation. In this role play, the counselor demonstrated an individual who was distracted, inattentive, and non-empathic.

Results

Data analyses again indicated that the manipulation of the participants' expectations of the counselor receiving the referral was successful: the "positive" referral led to the highest expectations, with "neutral" and "negative" referrals following (See Tables 3 and 4). Unlike the first study, however, observation of the short videotaped "counseling session" did not wipe out the impact of the prior expectations. There were significant differences in the ratings of the videotaped counselor after seeing the demonstration of the counselor who was distracted and non-empathic. Looking at the univariate analyses for the CRF subscales, observers did not identify differences on the expertness variable, but there were highly significant differences on both attractiveness and trustworthiness between those who had observed a positive, neutral, or negative referral session. Inspection of the means (See Table 4) indicates that the positive and negative conditions are rated more closely in attractiveness and trustworthiness, but the neutral condition is rated substantially lower.

Discussion

A word of caution is in order in advance of the discussion of the results of these two studies. As an analogue study, the present investigation did not collect information from actual clients through interactions with real counselors. Observers were counseling and social work graduate students who were asked to view videotapes and understand the presented situations from the perspective of the client. Although it may be reasonable to believe that the opinions of graduate students familiar with the counseling process is generalizable to actual client perceptions, this investigation did not empirically test this assumption. Therefore, the discussion that follows must be read with some healthy skepticism. Strictly speaking, generalization of these data can only be made to graduate student trainees who have watched two videotapes of role played counseling.

With the above caution in mind, these two investigations have yielded the following information. First of all, expectations of counseling were influenced by the type of referral that had been demonstrated. Counseling and Social Work students indicated their expectations of counseling after referral in the order expected: a "positive referral" better than a "neutral referral," better than a "negative referral." Comparing the means on the expectation variable in Tables 2 and 4 indicate the means in the two studies were very close: Positive - 44.68 vs. 45.27; neutral - 40.03 vs. 39.80; negative - 30.76 vs. 32.54.

Given that the expressed client concern was one related to loss and grieving, a

concern found by Raynes and Warren (1971) as most likely to be associated with client "no-show" after a referral, the referral's influence on expectations of counseling takes on particular importance. If, as has been demonstrated, a neutral or negative referral leads to a reduced expectancy of counseling, it is highly likely that this client will never show up at the counselor's office to complete the referral. Certainly, the most effective care of the client is dependent on receiving the help that has been suggested. Thus, these data definitely reinforce Cheston's (1991) recommendation that a referral should involve a description of the counselor's "positive attributes and . . . emphasize that the referring helper holds the counselor in highest esteem" (p. 104).

The second major aspect of these two investigations related to the question of how an expectation created in a referral session continues to influence counseling should the client choose to follow-up on the referral. According to these data, there is no continuing influence on the perceptions of a counselor's effectiveness after effective and supportive counseling has been demonstrated for no more than ten minutes. This is heartening information. Even if a counselor were to have inadvertently given a neutral or negative referral to a client, as soon as the client begins working with the effective counselor, the effect of the referral would be eliminated.

Interestingly, the elimination of the impact of the referral is not eliminated when the counselor is not effective! Study Two's data provided an indication that observers will rate an ineffective counselor's performance differently depending upon what type

of referral preceded it. On the Counselor Rating Scale variables of Attractiveness and Trustworthiness, there was a significant carryover from the observations of the referral sessions. On the Attractiveness variable, observers rated the counselor virtually identically in either the positive or negative referral condition. The counselor's effectiveness after seeing the neutral referral, however, was rated significantly lower. Somewhat similarly, on the Trustworthiness variable, the counselor performance preceded by a neutral referral was rated lowest, but not significantly lower than the positive referral condition. However, both positive and neutral conditions were rated significantly lower than the negative referral condition. Although all of the ratings of counselor effectiveness are much lower in the second study than in the first (See Tables 2 and 4), it is clear that receiving a positive referral does not influence more positive effectiveness ratings when the counselor performance is poor. The negative counselor referral included the following: "She probably has done some good work from time to time. I can give you her phone number [long silence] . . . I hope this will be an o.k. referral (from the videotape transcript)." Despite such a negative tone, the ineffective counselor receiving this introduction was rated most highly on Trustworthiness and as highly as the positive referral on Attractiveness.

How does one make sense out of these data? Perhaps what is occurring here is that the referral information for the inappropriate counselor is confirmed when the observed counselor was introduced in a negative fashion. Although not seen as higher in Expertness, at least this counselor is predictably Trustworthy (or

untrustworthy) and predictably Attractive (or unattractive).

Perhaps, the psychological phenomena underlying these results could be understood in terms of Festinger's (1962) formulation of cognitive dissonance. The fundamental idea of cognitive dissonance is that "if a person know various things that are not psychologically consistent with one another, he will, in a variety of ways, try to make them more consistent" (p. 93). Thus, in the negative referral condition with a poor counselor, there was no cognitive dissonance created: "The expectation was a poor counselor, and that's what was observed." With both the positive and neutral referral conditions, the observer expected to see at least an acceptable counselor performance. When cognitive dissonance occurred and the observer was asked to evaluate the counselor's performance, the opinion of the observer had to be influenced toward reduction of the dissonance -- thus, the observer's opinion had to move toward a more negative evaluation of the counselor.

If observers tended to "split the difference" between the poor performance of the counselor and their established expectations from the "positive" referral, the final evaluation tend to put these observers in a rating somewhere between "good" and "mediocre." For the neutral condition, the original expectations, of course, were not as high, and, therefore, the compromise (mediated) position of evaluation would be considerably lower than for those with initially positive expectations. For this reason, the neutral expectation group actually results in counselor effectiveness ratings significantly lower than the other two conditions.

Conclusion

Is the manner in which a counselor introduces a counseling referral important? Based on the data reported here, the answer to this question is a strong "yes." The nature of the referral will set up expectations of counseling that may immediately influence the client's decision to pursue the referral. Even if the client has decided to continue the referral process, the expectations created in the referral session may affect counseling by altering the client's evaluation of the counselor's effectiveness. This likelihood, of course, is especially high if the counselor's performance is not appropriate.

With the increased importance of Employee Assistance Programs and other agencies whose primary purpose is assessment and referral, the implementation of the most effective referral procedures has become a crucial issue in counseling training. It is suggested that counselor educators include attention to making appropriate positive referrals as part of the training curricula. This same topic could also be covered in on-the-job training and through in-service programs.

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Table 1

STUDY ONE (Observation of an Effective Counseling Interview Following Attempted Manipulation of Expectations through Referral Videotape) -- Univariate Tests of Significance Between the Three Styles of Referral (e.g., Positive, Neutral, or Negative) on Each Dependent Measure: The Counseling Expectations Variable and the Three Subscales of the Counseling Rating Form (Expertness, Attractiveness, and Trustworthiness)

Dependent Variable	MS Hypothesis	MS Error	df	F Value	p <
Expectations of Counseling	1571.03	31.38	2, 88	50.05	.001
CRF Expertness	4.42	26.03	2, 88	.17	.84
CRF Attractiveness	6.66	27.50	2, 88	.24	.78
CRF Trustworthiness	6.27	21.05	2, 88	.30	.74

Table 2.

Study One (Observation of an Effective Counseling Interview Following Attempted Manipulation of Expectations through Referral Videotape) -- Means, Standard Deviations (in parentheses), and Sample Sizes for all Dependent Variables in Each Experimental Condition

	Expectations of Counseling	Couns. Rating Form: Expertness	Couns. Rating Form: Attractiveness	Couns. Rating Form: Trustworthiness
Positive Referral Videotape	44.68 (5.04) N = 32	17.68 (5.30) N = 32	19.15 (6.12) N = 32	20.03 (4.91) N = 32
Neutral Referral Videotape	40.03 (5.32) N = 32	17.59 (5.00) N = 32	19.00 (5.00) N = 32	19.09 (4.06) N = 32
Negative Referral Videotape	30.76 (6.34) N = 30	18.34 (4.77) N = 30	18.47 (5.10) N = 30	19.40 (4.74) N = 30

Table 3

STUDY TWO (Observation of an Ineffective Counseling Interview Following Attempted Manipulation of Expectations through Referral Videotape) -- Univariate Tests of Significance Between the Three Styles of Referral (e.g., Positive, Neutral, or Negative) on Each Dependent Measure: The Counseling Expectations Variable and the Three Subscales of the Counseling Rating Form (Expertness, Attractiveness, and Trustworthiness)

Dependent Variable	MS Hypothesis	MS Error	df	F Value	p <
Expectations of Counseling	448.18	24.84	2, 29	18.04	.001
CRF Expertness	45.86	23.66	2, 29	1.93	.16
CRF Attractiveness	80.28	17.36	2, 29	4.62	.02
CRF Trustworthiness	91.51	20.00	2, 29	4.58	.02

Table 4

Study Two (Observation of an Ineffective Counseling Interview Following Attempted Manipulation of Expectations through Referral Videotape) -- Means, Standard Deviations (in parentheses), and Sample Sizes for all Dependent Variables in Each Experimental Condition

	Expectations of Counseling	Couns. Rating Form: Expertness	Couns. Rating Form: Attractiveness	Couns. Rating Form: Trustworthiness
Positive Referral Videotape	45.27 (6.45) N = 11	9.91 (5.19) N = 11	14.00 (4.36) N = 11	13.91 (4.91) N = 11
Neutral Referral Videotape	39.80 (3.85) N = 10	8.80 (4.80) N = 10	11.10 (5.22) N = 10	8.53 (4.53) N = 10
Negative Referral Videotape	32.54 (4.13) N = 11	12.82 (4.58) N = 11	16.64 (2.63) N = 11	13.36 (3.93) N = 11